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**MAIL STOP AF**  
**RESPONSE UNDER 37 C.F.R. § 1.116**  
**EXPEDITED PROCEDURE**  
**EXAMINING GROUP 3700**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: W. Baatz Attorney Docket No. RAMI115985  
 Application No.: 09/718,885 Group Art Unit: 3764  
 Filed: November 21, 2000 Examiner: T.M. Nguyen  
 Title: RESISTANCE EXERCISE APPARATUS AND TRAINER

TRANSMITTAL LETTER FOR RESPONSE  
AFTER FINAL REJECTION UNDER 37 C.F.R. § 1.116  
AND PETITION FOR EXTENSION OF TIME

Seattle, Washington 98101

TO THE COMMISSIONER FOR PATENTS:

A. Amendment Transmittal

Transmitted herewith is an amendment in the above-identified application.

- X 1. No additional claim fee is required, as shown below.  
 \_\_\_\_\_ 2. The claim fee has been calculated as shown below.

COMPUTATION OF FEE FOR CLAIMS AS AMENDED

	Claims Remaining After Amendment		Highest Number Previously Paid For		Present Extra		Rate		Additional Fee
Total Claims	5	Minus	20	=	0	x	25	=	0.00
Independent Claims	5	Minus	7	=	0	x	100	=	0.00
Total Additional Fee for this Amendment									\$0.00

LAW OFFICES OF  
 CHRISTENSEN O'CONNOR JOHNSON KINDNESS<sup>SM</sup>  
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PAGE 2/10 \* RCVD AT 3/15/2005 7:35:41 PM [Eastern Standard Time] \* SVR:USPTO-EFXXF-110 \* DNIS:8729306 \* CSID: \* DURATION (mm-ss):02-50

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01 FC:2251 60.00 04

21 FC:2251

40.23 06

**B. Petition for Extension of Time**

Applicant respectfully requests that the shortened statutory period for response to the outstanding Final Office Action dated November 15, 2004, set to expire on February 15, 2005, be extended by one month to expire on March 15, 2005.

Please charge \$60 to Deposit Account No. 03-1740 in payment of the extension of time fee.

**C. Additional Fee Charges or Credit for Overpayment**

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.18 which may be required during the entire pendency of the application, or credit any overpayment, to Deposit Account No. 03-1740. This authorization also hereby includes a request for any extensions of time of the appropriate length required upon the filing of any reply during the entire prosecution of this application. A copy of this sheet is enclosed.

Respectfully submitted,

CHRISTENSEN O'CONNOR  
JOHNSON KINDNESS<sup>SM</sup>



Brandon C. Stallman  
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I hereby certify that this correspondence is being transmitted via facsimile to the U.S. Patent and Trademark Office, Group Art Unit 3764, Examiner Tam M. Nguyen, at facsimile number 703.872.9306 on March 15, 2005.

Date:

March 15, 2005

Victoria Sellers

BCS:vas

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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/718,885

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	*
INDEPENDENT CLAIMS	6 minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

5-28-03

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	16	Minus ** 20	= -
Independent	7	Minus *** 6	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

1-18-05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	12	Minus ** 20	= -
Independent	7	Minus *** 7	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

3-15-05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	5	Minus ** 20	= -
Independent	3	Minus *** 7	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	
X40=	120	OR	X80=	
+135=		OR	+270=	
TOTAL	120	OR	TOTAL	

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=	1	OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	

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